Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR		R THAN ENTITY
T	OTAL CLAIMS	20						RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			70 minus 20=		·			X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS			/ minus 3 =		· Ø			X43=	 	OR	X86≠	1
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT		Υ			.145	 	1		/
* If the difference in column 1 is less than zero, enter "0" in column						column 2		+145= TOTAL	-	OR	+290=	200
CLAIMS AS AMENDED - PART II									Ļ	OR	TOTAL	++()
10/30/06(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER FUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	-2	0	= 6		X\$ 9=		OR	X\$18=	
	Independent	. /	Minus	*** 3		= 6		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
								TOTAL		OR OR	TOTAL	\
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	L	Jon ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus		•	=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	244		-		X43=		OR	X86≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	•
								TOTAL DOIT. FEE		OR ,	TOTAL VDDIT, FEE	
(Column 1) (Column 2) (Column 3)												
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		*	_	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290= .	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DOIT, FEE	·
anal	the "Highest Nu	mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is	less than	3. enter *3.*		_		. ~		

Application or Docket Number